

County of Los Angeles – Fire Dept. - Lifeguard Division
JUNIOR LIFEGUARD PROGRAM
2016 FINANCIAL AID FAMILY APPLICATION

Please fill out the information requested below, and send this form in with your Junior Lifeguard Registration Packet to the address below. **You must include a copy of your 2015 Federal Tax Return, AND** if applicable a copy of your Los Angeles County Department of Public Social Services approved Welfare or Food Stamp Eligibility I.D. card in order to proceed. **W-2 forms and payroll receipts will NOT be accepted without the 1040 Form attached.** All information will remain strictly confidential. You may not apply for Financial Aid after you have registered and paid the full fee; there are no retroactive refunds.

FINANCIAL AID APPLICATION DEADLINE: MAY 31st, 2016

JUNIOR LIFEGUARD INFORMATION (please print clearly in pen)

NAME : _____ Age:____ New:____ Returning:____ Beach:_____

Other Junior Guard Brothers or Sisters in Family:

NAME:_____ Age:____ New:____ Returning:____ Beach:_____

NAME:_____ Age:____ New:____ Returning:____ Beach:_____

NAME:_____ Age:____ New:____ Returning:____ Beach:_____

TOTAL NUMBER of PEOPLE in the HOUSEHOLD (must show on tax forms):_____

HOME ADDRESS:_____ APT#_____ HOME PHONE:(____)_____

City_____ State_____ Zip_____

FATHER'S PHONE: (____)_____ wk/cell EMAIL:_____

MOTHER'S PHONE: (____)_____ wk/cell EMAIL_____

Father's/Guardian's Name:_____ Mother's/Guardian Name:_____

PARENTAL (Father and Mother combined and/or Guardian) Financial Information:

ADJ GROSS YEARLY INCOME:\$_____ DIVIDED BY 12 = \$_____

ADJ GROSS MO. INCOME

NOTE: THIS APPLICATION APPLIES FOR ONE SUMMER ONLY.

I, the undersigned, hereby verify that the above information is true, and understand that scholarships will be awarded in the basis of the information listed above.

Signed:_____ Date: _____

Return this COMPLETED FORM WITH REQUIRED INCOME TAX DOCUMENTS and completed/signed JG registration packet to:

JUNIOR LIFEGUARD FINANCIAL AID
PO BOX 910901
Commerce, CA 90091-0901

You will be contacted by EMAIL and notified how much tuition is due once your application is processed.

FOR OFFICE USE ONLY

Date received:_____

Scholarship Rate: Summer 2016

Documentation: 1040 UNEMP FS WELF

10% 25% 50% 75% 95%

Approved by:_____

Full Tuition: \$476.00

\$428.40 \$357 \$238 \$119 \$23.80

COUNTY OF LOS ANGELES - FIRE DEPT. - LIFEGUARD DIVISION
JUNIOR LIFEGUARD PROGRAM
2016 FINANCIAL AID POLICY

PURPOSE

The Fire Department is committed to offering quality programs to youngsters throughout L.A. County. The purpose of the FINANCIAL AID program is to encourage the participation of young people with limited access or opportunity by assisting qualified applicants with program tuition fees. Please complete the application on the backside of this page. **Please return this form with the Registration Packet to LA County Fire Dept, PO BOX 910901, Commerce, CA 90091-0901.** Financial Aid will not be processed without copies of the required financial documents listed below. Individual **W-2 forms and payroll receipts will NOT be accepted.** You may not apply for Financial Aid after you have registered and paid the full fee; no retroactive refunds.

FINANCIAL AID APPLICATION DEADLINE: MAY 31st, 2016

ELIGIBILITY

Qualification will be determined by the evaluation of your **2015 Federal Income Tax Return-1040 front page, AND if applicable a Los Angeles County Department of Public Social Services approved application for Unemployment, the Welfare or Food Stamp Programs of the Household of the Applicant.** The following standards will apply:

A 95% Scholarship will be awarded if the adjusted gross monthly income of the Applicant's household is equal to or less than....

Number in Household:	1	2	3	4	5	6	7	8	9	10
Adj. Gross Mo. Income:	981	1328	1675	2021	2368	2715	3061	3408	3755	4102

A 75% Scholarship will be awarded if the adjusted gross monthly income of the Applicant's household is equal to or less than....

Number in Household:	1	2	3	4	5	6	7	8	9	10
Adj. Gross Mo. Income:	1177	1524	1871	2218	2565	2912	3259	3606	3953	4300

A 50% Scholarship will be awarded if the adjusted monthly income of the Applicant's household is equal to or less than....

Number in Household:	1	2	3	4	5	6	7	8	9	10
Adj. Gross Mo. Income:	1422	1769	2116	2463	2810	3157	3504	3851	4198	4545

A 25% Scholarship will be awarded if the adjusted monthly income of the Applicant's household is equal to or less than....

Number in Household:	1	2	3	4	5	6	7	8	9	10
Adj. Gross Mo. Income:	1667	2014	2361	2708	3055	3402	3749	4096	4443	4790

A 10% Scholarship will be awarded if the adjusted gross monthly income of the Applicant's household is equal to or less than....

Number in Household:	1	2	3	4	5	6	7	8	9	10
Adj. Gross Mo. Income:	1814	2161	2508	2855	3202	3549	3896	4243	4590	4937